

Summary of Meeting Minutes February 11, 2020

Call to Order and Roll Call

Council Co-Chair Sarah Reisetter, Iowa Department of Public Health, called roll call at 1:00 P.M. Attendance is reflected in the separate roll call sheet. Sarah announced a quorum.

Approval of Previous Meeting Minutes

Sarah called for a motion to approve minutes from the November 7, 2019 meeting. The minutes were approved.

Medicaid Director's Update

Julie Lovelady, Deputy Medicaid Director, gave updates on Iowa Medicaid. The IME asked Amerigroup and Iowa Total Care to set up websites to show any systemic issues delaying payments to providers. The sites will be updated weekly with expected completion and reprocessing dates for the affected payments.

The IME is beginning Quarterly Provider Training; each quarter will focus on specific provider types. The first session focused on Community Based Case Management. Next session will focus on Home- and Community Based- Services (HCBS) Waivers and Consumer Directed Attendant Care (CDAC) training. An Informational Letter (IL) soliciting input from providers regarding training topics is forthcoming. Annual Provider Training will be in May or June, and the 3rd quarter training will cover Durable Medical Equipment. Specific dates, times, and locations will be announced via IL. Locations will cycle through regions. All trainings will be accessible online.

Mandatory Electronic Billing requirements are now in place for dental providers, joining other providers' August 2019 start date. Claims should process more quickly through this method.

Uniform Prior Authorizations workgroup produced a uniform request form for both Managed Care and Fee-for-Service (FFS). The Managed Care Organizations (MCOs) are testing the new form, and an IL will announce start date before July 1, 2020.

Managed Care Quarterly Report: State Fiscal Year (SFY) 2019 Quarter 4

Mary Stewart, Bureau Chief, Managed Care and Julie reviewed the report. This is the first report that includes Iowa Total Care's entry to the market. Topics highlighted included MCO enrollment numbers and open choice period, Level of Care reassessments, results of the Iowa Participant Experience Survey and Secret Shopper calls, Pharmacy and Non-Pharmacy Claim payments and prior authorizations, quarterly volume of claims, and Value Based Purchasing (VBP) enrollments. ITC has not completed their VBP but is committed to meeting standard by December 31, 2020.

Co-Chair Jason Haglund commented on the pattern of grievances focused on Amerigroup's transportation, and asked how recurring trends were being addressed within the system and structure. Julie answered they ask the client, vendor, and MCOs to troubleshoot, which sometimes results in corrective action plans to ensure they meet contractual requirements. Jason highlighted the challenge of identifying data trends as MCOs enter and leave the market. Mary suggested presenting the information in year-over-year format or on a quarterly basis. Jason said a long-term look would be helpful.

Amerigroup Iowa, Inc.

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John McCalley, of Amerigroup Iowa, Inc. (Amerigroup), presented Amerigroup's update. The UnitedHealthcare transition is complete. Amerigroup experienced enormous growth, as they were the only MCO taking new members from April 1, 2019, to June 30, 2019. Amerigroup gained roughly 10,000 members per month during this period. Amerigroup's Long Term Services and Supports (LTSS) membership more than doubled between April 1, 2019, and July 31, 2019, to 23,707. Amerigroup hired 400 new positions, including 177 new LTSS staff. HCBS has shifted to 66 percent of recipients, up from a 50 percent split with institutions from the last quarter.

Speaking to Governor Reynolds' Condition of the State, Amerigroup will continue focusing on maternal screenings, vocational rehabilitation, and mental health services. Amerigroup currently has about 52 percent of providers in some sort of VBP.

Shelly Chandler, of the Iowa Association of Community Providers, asked a question clarifying John's numbers, especially moving from 50 percent to 66 percent HCBS. John credits transitions out of nursing homes and Residential Care Facilities (RCFs), and provider efforts to close RCFs and open waiver homes. Shelly expressed support for this trend. Senator Mark Costello asked John to clarify the timeframe for this trend; John replied from beginning of calendar year (CY) 2019 to the end of CY2019.

Susan Horras, of the Iowa Hospital Association and Casey Ficek, of the Iowa Pharmacy Association, asked about the growth of VBP, and John replied he expects both their performance and the IME standards to grow.

Brandon Hagen, of the Iowa Health Care Association, asked about the appropriateness of denials. Anthem reviews prior authorizations, and Amerigroup has their own process. For claims, John handed out a document outlining the process, and referred to Amerigroup's website for transparency. The IME identifies threshold for what makes it to the report, and Julie said patterns are discussed with individual providers.

Amy Shriver complimented two generation solution and addressing unmet needs on social determinants of health, highlighting long-term cost savings with focus on children's mental health programs.

Kady Reese, of the Iowa Medical Society, asked about provider practices with opioid risk predictor metrics. Providers are being contacted to make sure practices align, and

collaborate with Integrated Health Home (IHH) providers when possible. John would like to discuss in detail and will return to this subject next meeting.

Iowa Total Care

Mitch Wasden, Plan President of Iowa Total Care (ITC) presented ITC's update. With seven months operating in Iowa, ITC has 265,000 members and 820 employees. Mitch addressed claim suspension and ITC's plan to resolve startup claims issues. ITC worked with the IME to complete remediation work by January 20, 2020, and resolution included \$50 million in advances to providers. Sixteen consecutive clean check runs since, and ITC is tracking to complete claim reprocessing by February 29, 2020.

ITC's next focus is improving health outcomes for Iowa. ITC's My Health Pays incentive program has launched, with over a million dollars to support expenses related to social determinants of health. ITC completed 180,000 member contact calls and 40,000 health risk assessments in its first seven months. To address hospital readmission, ITC contacted 97 percent of members within 10 days of hospital release. ITC's readmission rate went from 11 percent to 8.3 percent from July 2019 to February 2020.

More than 1,000 new mothers enrolled in ITC's Smart Start for your Baby program. The program's goal is to reduce early labor and receive notices of pregnancy. ITC is launching a program to send short message service (SMS) texts to people who may have a gap in care. ITC's Member Connections program has success stories in locating members without phone or address: after an ER visit, a rep visited a member at home. ITC representatives gave members a Safelink phone programmed with numbers to their doctor, case manager, and providers, and follow-up revealed the member making appointments.

ITC is drafting program for Value Based Care (VBC) to align with IME and DHS Healthcare Effectiveness Data and Information Set (HEDIS) measures. ITC is aiming for 80-90 percent of members engaged with VBC providers. ITC is researching the development of a telehealth app for membership. Centene has a provider that serves over 10,000 members in a month, but ITC would like the program to be much larger.

Sen. Costello asked about the issue tracker Iowa Total Care is using. Mitch says they use an internal research log and maintain communication with IME, and the biggest issues go on the IME issue tracker. Kady asked about Iowa or national infrastructure for telehealth. Mitch explained their invitation process among anybody who is licensed in Iowa. Brandon asked what providers should do if their claims are still denied or pending after February 29, 2020, and Mitch said the provider should contact their ITC provider relations representative to work through the claim. Shelly gave ITC credit for consistent communication.

Open Discussion

Dave Beeman asked questions relating to rules changes for the MAAC and expressed frustration with how public input is received. Julie explained the rules will be effective April 2020. Director Mike Randol explained changes at last meeting and meeting materials were sent through usual channels. Dave asked for a two-way conversation between IME and providers.

Shelly asked about Electronic Visit Verification (EVV), specifically what services would be included. Julie said the IME will work on getting that IL out. Brandon asked if the EVV task force will reconvene, and Julie responded that feedback had been received and the IME worked with MCOs on pilot projects. Brandon asked Julie to relay decisions to the group.

Amy asked for more reports and data on how Medicaid serves children.

Adjournment

Meeting adjourned at 2:28 P.M.

Submitted by,
Michael Kitzman
Recording Secretary
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